| Standard Form Form pro Comptroller Septem (Gen. Reg. No. | No. 1034—Revised pscribed by General, U.S. ber Autor Oye 51, Supp. No. 11 bbruary 20, 1952) | d For Release | OUCHER FOR THE TH | PURCHAS AN PERS | ES AN | in | | 。 00 <u>1</u> 46 | 89-8 | | | | |
|---|--|--|---|---------------------------------------|-------------------------|------------------------|----------------------|-------------------------------|---------------------|-----------|--|--|--|
| | | | | | | | | | | | | | |
| U. S. COST REIMBURSABLE (Department, bureau, or establishment) | | | | | | | PAID BY | | | | | | |
| Voucher prepared at(Give place and date) | | | | | | | | [Lind # 2 | | | | | |
| | | | | | | | 201 | DP5-0025 | | | | | |
| THE UNITED STATES, Dr., Payee's Account No. | | | | | | | P4 9 A 9 | | | | | | |
| To | | /De | ayee) | | | | - () | , ~ Y | | | | | |
| | | . (128 | iyee) | | • | | | | | | | | |
| | (Add | | (City) | | tate) | | | | | | | | |
| No. and Date of Order | Date of Delivery or Service | (Enter description, its schedule, and ot Discount Terms | FICLES OR SERVICES om number of contraction deem | S t or Federal st ed necessary) | ederal supply Quessary) | | UNIT PRICE Cost Per | | AMOUNT Dollars | Cts. | | | |
| | | Cost | | | | | | | 28,351 | 33 | | | |
| PAYMENT: Complete Partial Final | | Use con | tinuation sheet(s) if nece | essar y | | | | | | | | | |
| Shipped from | to | | | Government I | | NO | P | Total | 28,351 | <u>33</u> | | | |
| I certify that the above bill is correct and just and that payn STATINTL (Sign original only) | | | ent has not been received. | | Differen | ces | | | | | | | |
| Date 4/18/ | 8 *Pavee | | | | | | | | 6 | | | | |
| | | | ertificate is made by payee on attac | | | unt verified; | | , | 18 351 | 33 | | | |
| Per | A-101 | Title Date | Reg. No. | | | ature or initi Date | | nvoice Rec' | 4 | | | | |
| Contract No. | | | | | | , acc | | IVOICE I CC | u. | | | | |
| | • | certify that this account i | is correct and proper to | r payment. | | | | | | | | | |
| † Approved for \$. | | | SIGN | Ť | | . (Authoriz | ed Certifyi | ng Officer) | | | | | |
| Ву | | | ORIGINAL ONLY | Title | | | | | | | | | |
| | | | ONE | ъ. | | | | | | | | | |
| Title | | IS FORM MUST BE EXECUTED W | HEN PURCHASES ARE MADE | | | | | | | | | | |
| | | | | | 1P | | | | | | | | |
| | ACCOUN | TING CLASSIFICATION | (Appropriation Symb | ol must be sh | own; oth | er classificat | ion option | al) | | | | | |
| | | | | | | | | | | | | | |
| Paid by { | | dated | | | | | {on Treat | asurer of the named above. | United States in fa | avor of | | | |
| * When a vouche | | | | | • | | (Sign original | only) | | | | | |
| writing the compan "John Doe Compa † If the ability to essary; otherwise the over his official tit. | is signed or receipted by or corporate name, a hy or corporate name, a ny, A, Off SVE (certify and authority he approving officer well. | in the name of a company of well as the capacity in whice company of the capacity in whice company of the capacity in whice company of the capacity of the cap | b ha steps. must appear. 12009/04/43 one person, one signature pproved for \$ | CIA-RD only is nec- ", and | P64-(|)0360R | 00060 | 00100 |)89-8 16—22900 | -6 | | | |

Standf.rd Form No. 1035a—Revised Form prescribed by Comptroller Gen. Approproved September 7, 1000 (Gen. Reg. No. 81, Supp. No. 11) Services Other Than Personal

CONTINUATION SHEET

| No. and Date of Order | Date of Delivery or Service | ARTICLES OR SERVICES | | QUAN- TITY | UNIT PRICE | | AMOUNT | |
|--------------------------|-----------------------------------|---|---|---------------|------------|-----|-----------------|--|
| | | (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) | | | Cost | Per | Dollars | Cts. |
| | | Contract A-10 | / System III | | | | | |
| | | Direct Costs Proj Contract <u>A-/0/</u> 4/7 thru 4/13/58 | perly Chargeable to for the period STATINTL | | | | | |
| | | | Research & <u>Development</u> | Pro | ducti | on_ | To | tal |
| JV 03 | | k Ending April 13, 195 | 8 | | | | | |
| | STA | TINTL STATINTL | | | | | | |
| computed Resea | at inter | unications Division im rates as follows: elopment - | | | | | | |
| Other Co | sts - JV | 038019 (642.40) 038060 42.85 038617 11,418.93 | | | | | | |
| | | rhead and Other Costs | | | | | | |
| Total Co | sts | STATINTL | - | | | | \$ <u>28,35</u> | 1 33 |
| | | | | | | | | And the Annual programmer and the Annual Pro |
| | | | | | | | | |